



## Montana Youth Leadership Forum

[www.montanaylf.org](http://www.montanaylf.org)

**WE'RE INVITING FUTURE COMMUNITY LEADERS  
TO ATTEND THE ANNUAL MONTANA YOUTH LEADERSHIP  
FORUM (MYLF) FOR STUDENTS WITH DISABILITIES**

**July 14-18, 2008**

**Location – Carroll College, Helena, MT**

\*Twenty high school sophomores, juniors and seniors will be selected.

\*No expense to selected delegates (**all expenses paid**).

\*Exciting, fun, and educational four-day training program.

**APPLICATION FORMS MUST BE POSTMARKED BY  
April 4, 2008**

\*Students must complete all information of this application.

\*Please type or print with black ink.

\*Mail the application to the address on the last page (page 6).

\*Please see page 6 for additional application instructions.

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**1. Last Name**

**First**

**Middle**

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**2. Address**

**City**

**Zip**

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**3. Male / Female**

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**4. Phone**

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**5. Name of High School**

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**6. Grade Level on 12/31/07**

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**7. Your E-Mail Address**

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**8. Birth date**

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**9. Date Graduation Expected**

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**10. School Phone Number**

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**11. Your Ethnicity**

**12. Please describe your disability.** This information will assist in assuring that we include delegates with a diversity of disabilities.

Disability (medical diagnosis) \_\_\_\_\_

\_\_\_\_\_

Onset of disability: \_\_\_\_\_

Check all that apply:

Deaf \_\_\_\_\_

Hard of Hearing \_\_\_\_\_

I use sign language \_\_\_\_\_

I use real time captioning \_\_\_\_\_

I use lip reading \_\_\_\_\_

Developmental Disability \_\_\_\_\_

Describe \_\_\_\_\_

\_\_\_\_\_

Autism \_\_\_\_\_

Traumatic Brain Injury \_\_\_\_\_

Other \_\_\_\_\_

Blind \_\_\_\_\_

Visual Impairment \_\_\_\_\_

I read with Braille \_\_\_\_\_

I read with large print \_\_\_\_\_

Mental Health Disability \_\_\_\_\_

Neuromuscular Disability \_\_\_\_\_

Orthopedic Disability \_\_\_\_\_

I use a wheelchair \_\_\_\_\_

I cannot walk upstairs \_\_\_\_\_

I cannot walk long distances \_\_\_\_\_

Learning Disability \_\_\_\_\_

Multiple Disabilities \_\_\_\_\_

**13. Current reading level** \_\_\_\_\_ (If necessary, ask a teacher to assist you in getting the information)

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**14. Information on Vocational Rehabilitation**

If you are currently a client of Vocational Rehabilitation, please tell us your  
Counselor's Name \_\_\_\_\_ Phone \_\_\_\_\_

**15. School and Community Involvement**

Below, please briefly list your involvement with your school and community. This may include any offices held, club memberships, after school activities or work experience.

<b>Activity</b>	<b>Adult Contact</b>	<b>Dates Involved</b>	<b>Grade</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**16. Letters of recommendation**

Please attach two letters of recommendation which describe your demonstrated leadership skills or your leadership potential. One letter MUST be from a high school representative and one MUST be from a community representative outside your school.

List name, position/title, organization and telephone number of your Recommendations.

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## MYLF Application

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#### 17. Required Essay

Your answers to the following questions will be used to assess your readiness to participate in the Leadership Forum. Please write your responses on a separate sheet of paper and attach to your completed application packet. Your total response for all four of these topics should not exceed four (4) typewritten, double-spaced sheets. (Responses must be double-spaced and either typewritten or printed in black ink.)

A. Qualifications – explain why you feel you are qualified to be a delegate to this forum and please tell us why you want to attend.

B. Positive Influences – In terms of leadership, please tell us about two people who have positively influenced your life. Why? (Families, teachers, counselors, friends, public officials, or celebrities are appropriate examples).

C. Experiences as a person with a disability – Describe two important experiences you have had as a person with a disability. (Please be specific about your examples as they relate to your disability.)

D. Future Plans – Describe any of your plans for after high school.

**18. Please use the checklist below to make certain your application packet is complete. All questions must be answered and requested letters and information provided.**

- a. Application form
- b. Two letters of recommendation \_\_\_\_\_
- c. Essay responding to four topics \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**KEEP THIS PAGE – DO NOT RETURN WITH APPLICATION**

**Mail Completed Applications to:**

**MYLF**

**1617 Euclid Ave. Suite 1**

**Helena, MT 59601**

**HOW STUDENT DELEGATES WILL BE SELECTED AND  
APPLICATION INSTRUCTIONS FOR STUDENTS.**

1. To be eligible for the Montana Youth Leadership Forum for Students with Disabilities, students must:
  - a. Have a disability (as defined by the ADA)
  - b. Be in the 10, 11, or 12<sup>th</sup> grade as of December 31, 2007
  - c. Must have demonstrated leadership potential in school and community
  - d. Reside in Montana
2. Student applicants must mail the completed application packet to the MYLF office no later than April 4, 2008.
3. Selected applicants will be notified by letter no later than May 3, 2008.
4. After being selected, students will be asked to fill out a confirmation form, and provide additional information to the MYLF office.
5. All appropriate expenses will be paid by the Montana Youth Leadership Forum (MYLF) including such expenses as travel, lodging, food, and interpreters for students who are deaf and personal assistants for students with physical disabilities.



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PO Box 202501  
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